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**HISTORIC ARCHITECTURAL REVIEW BOARD**  
**APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

If the proposed alteration is to be located within the limits of the Historic District, as defined by the Wellsboro Historic District Ordinance, this application must be submitted and approved prior to receiving a building permit.

The owner, or an agent for the owner, must be present at the meeting of the HARB at the time this application is being reviewed. Failure to be represented will result in application approval being denied.

**ALL APPLICANTS MUST COMPLETE Sections I, II, and III.**

**I. IDENTIFICATION:**

**Applicant:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Owner of property:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I hereby certify that the alteration is authorized by the owner of record and that I have been authorized by the owner to make application as his/her authorized agent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**If a sign application, applicant agrees to remove all signs and return the area to pre-sign condition.**

\_\_\_\_\_  
Signature

## **II. SITE LOCATION**

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- 1. Attach plot of property, indicating size of lot and location and size of improvements thereon.**

## **III. DESCRIPTION OF WORK**

- 1. Describe the characteristics of the alteration that is being proposed. Attach detailed plans, pictures and elevations to enable the Historic Architectural Review Board to determine that the proposed alteration is appropriate to the slated purpose of the historic District Ordinance.**

**ACTION OF HARB**

**DATE**

Disapproval:

\_\_\_\_\_ Indication to applicant of action and recommendations: \_\_\_\_\_

\_\_\_\_\_ Recommend Disapproval to Borough Council----- \_\_\_\_\_

Approval:

\_\_\_\_\_ Recommend Approval to Borough Council----- \_\_\_\_\_

**ACTION OF BOROUGH COUNCIL**

I hereby certify that a certificate of Appropriateness was Granted { } Denied { }

By Wellsboro Borough Council on the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Secretary

**RECORD OF EVENTS**

**REVIEW BOARD**

**DATE**

Received by Secretary:----- \_\_\_\_\_

Information distributed to HARB-- \_\_\_\_\_

Discussed at meeting----- \_\_\_\_\_

**BOROUGH COUNCIL**

Received Recommendation From HARB- \_\_\_\_\_

Disapproval: Letter to Applicant----- \_\_\_\_\_

Approval: Certificate of Appropriateness- \_\_\_\_\_

**CODE ENFORCEMENT OFFICER**

Zoning Permit Issued----- \_\_\_\_\_

Zoning Permit Number----- \_\_\_\_\_